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Testimony of the Leukemia and Lymphoma Society on HB 4751

The Leukemia & Lymphoma Society is the world's largest voluntary health agency dedicated to curing leukemia, lymphoma, Hodgkin's disease and myeloma, while improving the quality of life of patients and their families.

Innovative, targeted patient-administered medicines have become more prevalent in cancer treatment and are now the recognized standard of care for many types of cancers. Approximately one-quarter of all cancer drugs currently under development are oral (or other patient-administered treatments) and there is an increasing trend toward advances of these therapies.

Blood cancer patients should have access to the most clinically appropriate care for their condition. Unfortunately, the insurance industry has not caught up with the technological advancements in therapy and continues to treat patients differently based upon whether they receive their care in a provider setting, such as IV Chemotherapy, or in a pharmacy setting, such as an orally-administered anti-cancer product. By allowing insurance plans to continue to charge patients high co-insurances for these oral medications, rather than the flat co-payments typically charged for treatments delivered in a provider setting, cancer patients continue to be discriminated against based upon the site of service where they receive their treatment.

Often times, the only option for patients is an oral anti-cancer therapy, and for these patients outdated benefit designs will often require the patient to absorb a disproportionate share of those costs. For example, Gleevec (Imatinib), an oral treatment for Chronic Myeloid Leukemia (CML), carries a retail price for an average monthly (supply) of 400mg tablets in the \$6,000 to \$7,500 range. Many CML patients are dependent upon this oral therapy to keep them alive, yet a 20% co-insurance requirement generates an out-of-pocket expense of at least \$1,200 per month.

These kinds of co-insurance requirements can have serious consequences for patients facing cancer. According to a 2009 study, patients with an out-of-pocket cost of greater than \$200 per prescription were at least three times *less likely* to fill the prescription for their oral anti-cancer drugs, compared to patients with out-of-pocket costs of \$100 or less. Abandoning one's medication may lead to costly follow-up visits or hospitalization, among other issues.¹

Equitable access to oral therapies will allow patients and their doctors to decide the most clinically appropriate treatment; prevent patients from making a choice whether or not to fill their prescription; and bring parity to a patient's out-of-pocket expense no matter which setting they receive their care in.

This bill simply eliminates the current discrimination caused by outdated health benefit designs, it does not require an insurance company to provide coverage of any kind. In addition, there has been no evidence in the now 27 other states plus the District of Columbia which have implemented this law that it has resulted in an increase to premiums.

HB 4751 provides critical patient protections for those suffering from cancer – on behalf of the estimated 5,370 Michiganders who will be newly diagnosed with a blood cancer in 2013, The Leukemia & Lymphoma Society urges your support to remove barriers to access for our patients and their families.

¹ Gleason PP, et al. "Oral Oncology Prescription Abandonment Association with High Out-of-Pocket Member Expense." *Journal of Managed Care Pharmacy*, 16: 161-162. 2010